THE REAL NARCOTIC ADDICT

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Across the stage an emaciated figure slinks. His skin is yellow, his eyes are feverish, his hands shake. He is in the stage of physical decay which verges on a complete débâcle, yet presently he will commit the most nerve-wracking crimes with a coolness, strength and endurance unknown to healthier, normal men. For he is the narcotic addict of romance, and the drug that he takes, it appears, transforms him from a weak, cowardly wreck into a swaggering, brutal, gun-toting desperado, who proceeds to shoot indiscriminately anyone whose hands do not reach into the air as high as he thinks they should.

Whether a sniffer of heroin or a knight of the morphine needle, this is the only addict we ever see behind the footlights, or on the screen, or meet in fiction. But does he exist in reality? Are the effects of narcotic addiction uniform, and is this the creature they inevitably produce? Does a narcotic addict always shatter his health, and become a menace to the life and property of his fellow-citizens?

The prisons of New York City confine each year more narcotic addicts than can be found in any other community in the United States, if not in the entire world. No less than 10% of the men sent annually to the penitentiary on Welfare Island are drug-users. This means that in the year 1930 alone 1166 prisoners in this one institution were such users. A careful study of these cases was made, and detailed information was obtained in each about the narcotic and criminal background of the prisoner.

First, we found that we had to eliminate as criminals, in the accepted sense, about one-third of the group. These men had been arrested exclusively for the possession of narcotics. They had committed no anti-social act as ordinarily understood—no injury to any other person or his property. Their possession of drugs was simply *prima-facie* evidence that they themselves were the victims of a bad habit. Their "crime" was one of *malum prohibitum*, not *malum in se*. In countries where legislation does not concern itself with the personal habits of the individual, there are no such "criminals," and penal institutions are not charged with the care of them.

Now, with this third eliminated, do we come to the dramatic villains whom we are accustomed to meet in the theatre and in print? Not yet, for from the remaining total we must omit, for the year 1930, 450 prisoners who had not even been arrested for any offense, but had appeared voluntarily before a magistrate and asked to be committed to some institution so that they might take the narcotic cure given therein.

About a fourth of our narcotic prisoners remain. The criminal fourth. Are these the emaciated, vicious creatures of tradition, who commit crimes of such magnitude that only drug-soaked brains could conceive them and only drug-shot bodies

could carry them out? Well, here they are. And a group of more trivial offenders you could not find anywhere—except in other narcotic cells. All the more shocking and sensational crimes are conspicuous by their absence. Petty thievery, vagrancy, disorderly conduct and various minor offenses—these fill the record.

The narcotic addict, in truth, has neither the incentive nor the courage to commit a really hair-raising crime. He is not even runner-up. However, some of those arrested for possession only in one year sometimes have criminal records for other years. But their offenses are commonly found, like those of their brother addicts, to be of a comparatively trivial nature, and in only a few cases are they so grave as to constitute a real menace to life or property.

Furthermore, in the criminal group a special fact is to be noted. An appreciable number committed their small thefts not because, under the influence of narcotics, they had come to lead a life of crime, or because of a blunted moral sense, or even to make a living, but simply because they had no more money with which to buy drugs. The traffic in drugs being prohibited, their purchase comes high. So when these craving creatures had no further funds to feed their inexorable appetite they stole for that, and for that alone.

One may argue that if they had not used narcotics they would never have committed their offenses. True, but on the other hand, if they had been persons of even small means they would not have committed them either. Here money, as in many other situations, makes the difference between the man behind the bars and his fellow on the outside. It is this necessity for funds to obtain narcotics which accounts to a large extent for what relationship really exists between narcotic addiction and crime.

If then, in the absence of a complete stoppage of the narcotic traffic, there were such things as supply stations, supported either by the city or by private philanthropy, to supply addicts who had no funds, they would constitute a definite preventive of petty crime. Whether it would be wise, however, to establish them, in view of the possible encouragement they might give to the spread of the habit, we do not know. Nor is it our purpose here to discuss what should be done with the addict, but solely what sort of person he is.

II

Only the much propagandized public believes the typical drug addict to be a desperate criminal. Those who deal directly with him—penologists, medical men, jail wardens, and so forth—know him to be a nuisance rather than a menace. And criminals know him likewise. He is so far from being a big-shot himself that it is axiomatic in the criminal world for big-shots to have nothing to do with him. "Don't touch him, he's a junkie," is a common piece of advice from one criminal to another when they are discussing a third.

Not another word need be said, for all criminals fear narcotic addicts much more than they fear the police. The reason is that every drug addict is a potential stool-pigeon who can be made to squeal within forty-eight hours by keeping drugs away from him, and then offering him a shot if he will tell what the police want to know. Drugs to the user constitute a vital weakness. There is nothing he will not do to get them.

So if you are looking for the master minds, the hard-boiled desperadoes, the reigning racketeers and criminal kings, don't waste your time hunting them among narcotic addicts. There is an occa-

sional exception to this rule as to every other, but crimes which take originality in their planning, and daring, coolness and courage in their execution, are rarely committed by hopheads, snowbirds, or junkies, as they are variously termed in the underworld.

But so established has become the melodramatic figure of the narcotic addict that apparently no one has thought, in the interests of real knowledge, to gather any figures concerning addiction *outside* the prisons. Even the people who devote themselves to the stamping out of narcotics in this country—the persons who are behind our existing legislation—vary in their estimates of the number of addicts from 100,000 to 1,000,000. Obviously, if 450 men, on their own initiative, escort themselves into New York's penal institutions for a cure each year—and we found this number to be about the average—the number outside who do not volunteer for such incarceration, with its attendant criminal record, must be immensely larger.

Meanwhile, if you have felt sympathy and admiration surge within you at the thought of the 450 who were willing even to go to prison that they might rid themselves of a comforting but degrading practice, suppose you look at a typical case history. It goes like this:

John Smith contracts the drug habit. He starts with ⅛ or ¼ of a grain. He is so formed constitutionally, however, that he soon becomes used to this quantity. It loses its kick, and so he increases the dose. He is a person without much money to begin with, and it is not long before he finds that supporting his habit is costing him more than he is able to earn. He has not the courage to steal and he has learned long before this that if he is caught possessing drugs he will be arrested and sent to one of the city prisons, where a cure will be given him. So he goes before a magistrate, admits that he is a chronic user of drugs, and seeks to be sent up in order that he may receive the cure and thus free himself of his slavery. This cure consists of gradually reducing his daily supply until he is off the narcotic altogether. As the doctors say, it has been boiled out of his system.

He is now in exactly the same condition as he was when he began to take the drug. Cured, to you, perhaps, but to John Smith it simply means that he is now financially able to resume the habit. He can now get the same kick out of a fraction of a grain as he was getting from the twelve or fifteen grains a day which he was taking when he had himself committed. In other words, his sole idea in having himself committed is not to get rid of the habit but merely to get himself back to a point where supporting it will again be within his means.

This is the motivation of by far the greater number of those who voluntarily undertake cures each year. Joseph A. McCann, warden of the Penitentiary on Welfare Island, who has had perhaps a greater experience with narcotic addicts than any other prison warden in the United States, says that many hundreds of self-committed addicts have told him frankly that they were not in the slightest degree desirous of really curing themselves of the habit, but merely wanted to reduce its cost.

The same holds good for addicts who take treatment privately, according to the best known narcotic specialist in this country, and several other practitioners who have large narcotic practices.

With a view to evolving a more intelligent handling of narcotic addicts in the New York City prisons, Commissioner of Correction Patterson, with the approval of Mayor Walker, appointed early in 1928 seven physicians of unusual distinction,

several of whom were experts in narcotic treatment, to make a comprehensive study of a miscellaneous group of addicts who voluntarily submitted themselves for treatment.

A ward at Bellevue Hospital was set aside for the purpose. Three hundred and eighteen men volunteered. The study went on from May, 1928, to May, 1929, and the ensuing report represents very painstaking observations. Concerning the men studied the committee said:

> They are very often both secretly and openly amused at attempts to "cure" them, and despise these efforts as a waste of time and money and an encroachment on their "rights". This partly accounts for their irresponsible behavior under treatment, their lack of appreciation of what is done for them, and their general destructiveness (not a chair was left undamaged in the ward) while confined in the institution. There is a constant battle of wits between the drug addicts and those attempting to treat them. Their constant effort in many cases is to render null and void these attempts by every conceivable means, and they derive a childish pleasure and satisfaction if at any time they are able to put anything over on those treating them.

While these men were not prisoners in the ordinary sense, it was necessary to keep a prison guard on duty in the ward at all times in order to prevent narcotics from being smuggled in from the outside. For even those who thus take the cure voluntarily, once they are in confinement, make every possible effort to obtain the drug whose use they are supposed to be trying to relinquish. Even those who apparently would really like to be cured are among the most persistent smugglers.

The same is true of addicts whose social standing makes a voluntary residence in a public institution out of the question. It is for this reason that few private hospitals are willing to undertake the treatment of narcotic addicts. Those in charge say that to handle them they must almost turn their institutions into prisons, so strict is the surveillance necessary to keep the patients from secretly obtaining drugs.

We quote again from the report of the Mayor's Committee on Drug Addiction:

> As for removing or "obliterating" the craving for narcotics by immediate medical treatment, we have found this craving to be present after all treatments. The patients look forward to being discharged, in fact, count the days, and if not discharged when they expect to be, some of them go into a state resembling frenzy, so great is their apparent eagerness to revert to drugs. Every imaginable excuse and pretext will be tried in order to be discharged sooner.
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> The committee found that in the vast majority of cases, possibly in from 80 to 90%, if not in a larger percentage, the desire for drugs sooner or later returns in full force and addiction again occurs. . . . A withdrawal treatment by itself [in prison] is only an administrative routine, to be carried out as often as the addict receives a court sentence, and with no probability of bringing about a lasting abstinence.

In view of the above, does it not seem that our legal approach to the drug-user needs complete revision? Should our city governments keep pouring sand into a bottomless hole? Should they pay for institutions, doctors, medical supplies, food and guards for drug-users, only to do it over and over again?

III

Undoubtedly the chief reason why we are spending so much money on the addict and getting nowhere with him is that so little is known about him. Those individuals and organizations who endeavor to eliminate an evil by inculcating fear of its consequences have constantly painted him as an anæmic but vicious creature

who sooner or later runs afoul of the law and lands in the hands of the police. It is assumed even by penologists and criminologists that the majority of addicts is to be found among the criminal classes. But this belief is inspired by the careless theory that the statistics of prisons located in large population centers are typical of the entire United States. The fact is that while there is a large percentage of addicts among the prisoners of New York and Chicago and, to a much lesser degree, some of the other large cities of the country, there are hundreds of jails and many penitentiaries where they are seldom, if ever, received.

While visiting the various prisons throughout the country during the last twenty-odd years, we have found on numerous occasions that not only the penitentiary and jail officials but even the prison physicians had no personal knowledge of the narcotic problem and scarcely knew it existed in other institutions. Many of the physicians, during years of practice in penal institutions, had never had a narcotic addict to treat. Few of them had even heard of the Towne-Lambert system, the father of all narcotic treatments. The use of hyoscin in treatment was news to them, as was the expression "cold turkey", in common use by addicts everywhere to designate the immediate withdrawal treatment, as distinguished from the reduction treatment. This blankness on the part of otherwise experienced and sophisticated wardens, guards, and prison physicians was proof enough of the fact that, among the many thousands of prisoners received in their institutions, the percentage of drug addicts was so small as to be negligible. When the population figures of their institutions are added to those of prisons in New York and Chicago, the percentage of addicts among criminals in the United States becomes greatly decreased.

So greatly decreased, indeed, that instead of the criminal classes furnishing the greater number of addicts, or *vice versa*, it becomes apparent that most addicts are quite peaceable persons. Years ago one of the present writers was overwhelmed with astonishment when, in the Middle-Western home of a physician and quite by accident, he saw his host snuffing some heroin up his nose. The doctor said he had been taking drugs for over twenty-five years. He was a leader in his community, not only among his medical brethren, but otherwise, and was much sought after socially. Since then we have learned from physicians specializing in drug addiction that there are many thousands like him scattered throughout the country.

Many of this class use narcotics year after year without any menace to the community. They are habitués who take a certain number of grains each day but do not increase the dosage. They have steady employment—many of them, indeed, very good positions; they support their families and otherwise live the life of the average citizen; they have sufficient money to keep themselves supplied with drugs and so do not come into conflict with the law. They constitute the great majority of narcotic addicts, and are entirely harmless.

They bear no ordinary stigmata of their habit. Contrary to the current belief that addicts speedily become physical wrecks, tottering presently into nothingness, the use of drugs seems to cause but little injury to a person's health. That it even lessens the span of life is not certain. Complete collapse is waiting in the wings for that pitiable figure who slinks so furtively from stage left to stage right, but in real life men take drugs continuously over a period of fifteen, twenty, twenty-five, thirty or even forty or fifty years while marching along as usual.

A study of the 1166 men confined in Welfare Island Penitentiary during 1930 showed these statements to be facts. The study included the length of time during which each one had been addicted. Addicts, at least in prison, are notorious liars, but in a large number of these cases their statements were proved to be true by checking with the prison records, for as known addicts they had come and gone, with what might be termed intermittent irregularity, over a long period of time.

Very few of the 1166 had used narcotics for less than five years, approximately 50% had used them for ten years or more, possibly 20 to 25% for fifteen years or more, and at least 10% for more than fifteen years. But even this does not tell the entire story, for there was a very liberal sprinkling of men who had been addicted continuously for eighteen, twenty and twenty-five years, while several had used drugs for twenty-nine or thirty years, one for forty years, one for forty-four years, and one for forty-eight years.

Some of the officials of the institutions say that they have had men sixty-eight and seventy years of age who have used drugs continuously for more than fifty years. Some of these men, of course, are in very poor physical condition, but numbers of others are in a fairly good state of health—a state of health, indeed, which approximates that of men who do not use narcotics but who have led the same kind of unrestrained, irregular and dissipated life. In other words, it is often the kind of life they lead generally which accounts for their physical condition rather than the use of narcotics.

This is shown by the way in which they build up after they reach prison, where they must keep regular hours and where they obtain a sufficient amount of sleep and plain, wholesome food. The vast majority of addicts, after being taken off drugs and after being at the institution sufficiently long to get the benefit of its routine, gain in weight to an amazing degree and rapidly improve in health. Within a very short time, a few weeks, or two or three months, they are again in good health, despite the fact that they may have been using narcotics continuously for thirty or forty years. Any prison doctor can verify these statements.

They prove conclusively that the use of drugs does not undermine the constitution of the addict to anything like the extent that certain authorities would have us believe. During the course of many years in prison work we have seen large numbers of men who had been taking narcotics for a long time and who were in a good state of health. Dr. Perry Lichtenstein, physician at the Tombs for years, is as well acquainted with narcotic addicts and their treatment as any medical man in the world. He explains their quick return to health under treatment thus:

> The general effect of the use of narcotics is to decrease the flow of gastric juice and other secretions and thus limit the appetite for food. When narcotics are no longer used the appetite again returns to normal, the former addict has a great craving for food, and as a consequence he rapidly gains in weight and health.

An official prison investigator gets many cussings-out, both secret and otherwise, as he delves into the life of penal institutions. But the worst the investigating member of this team ever received was when, as Inspector of Prisons for the Federal Government, he was making one of his frequent surveys of the United States Penitentiary at Leavenworth. It came from a convict seventy years of age, who had been taking drugs for thirty-five years. He was in the hospital taking the cure for his addiction

and when he learned who the visitor was he indulged in a vicious tirade against him, the prison, and the United States government in general for trying to take him off his drug. When he had calmed down a little we learned that he suffered from some chronic ailment which gave him considerable pain and that he had been taking about three grains of morphine a day to relieve his suffering. Now, he said, he was coming off the drug and his pain was returning, and the only thing he was looking forward to was to serve his term and get out and back to the drug again. His attitude concerning a cure was the same as that of the majority of other addicts. But his reason for taking the drug in the first place was not at all typical.

For, contrary to the widely accepted belief that the most addicts get their start from drugs taken on their own initiative, or on the administration of a physician, to relieve pain, it is doubtful if even one-half of one percent start that way. In prison we commonly find, according to the answers given by addicts, that they began because other addicts suggested it. The physicians on the Mayor's Committee on Drug Addiction said in their report:

> Every addict for the sake of companionship or for self-justification ceaselessly endeavors to make other addicts.

This dangerous aspect of drug addiction seems to have been unknown when laws were passed throwing every addict into prison, where he instantly comes into contact with ample material for contamination. As in the case of the well known barrel of apples, the good ones do not improve the bad one.

So far as is known, nothing good can be said for the drug habit. It makes people the slaves of a craving which is costly to support and which drives them mad if by any chance they are separated from their supply. So imperious is the demand of the drug that they will lie for it without scruple and if necessary will steal to get it. Since the social attitude toward the habit, when known, includes ostracism, they are apt to drift among lower and lower classes of people, and become more and more degraded.

On the other hand, there are the unnumbered addicts who, well, prosperous and happy, live among us unsuspected. Perhaps, we theorize, they are so constituted that they would not be so well off if they hadn't the drug to hold them up. This seems at the moment incapable of proof or disproof. But certainly many of them hold responsible positions and are perfectly capable of maintaining themselves in places where brains and stamina are required.

IV

It will be a great relief, no doubt, to people who are worried because some member of the family is taking drugs to know that the practice need not necessarily injure him mentally, physically or financially, and that he need not necessarily become a menace to the life and property of his fellow beings. For if he is a user who does not increase his dosage and if he never lacks funds to obtain his drug the chances are with him. He is not pleasant to contemplate, assuredly, but he is far from the vicious, broken-down criminal that anxious friends and relatives are led to fear.

What seems to have happened in this country is what often happens when laws are passed regulating some practise of human interest. The mere passage of the legislation brings that practise an amount of attention out of all proportion to what it really deserves. The student of Law Enforcement in America can find many laws which have resulted in directing an amount

of public attention to an evil out of all proportion to the seriousness of the evil itself. A case in point is the so-called White Slave Law, or Mann Act, passed by Congress some years ago. Immediately following its passage, the so-called white slave traffic leaped to the fore in the newspapers and magazines, followed by reports of civic committees concerning the appalling prevalence of white slavery and the terrible menace which it offered to the American people. When calmer minds got together the real facts were soon learned. There was, in truth, no organized white slave traffic worthy of the name, and such sporadic instances as did occur were out of all proportion to the great hullabaloo. Today there is a rather extensive demand for the law's repeal, for it has been very largely used as an instrument of blackmail.

The beginnings of the narcotic story are the same. With the passage of the Federal law against drugs, the Harrison Anti-Narcotic Act, the subject became front page news, and it is now receiving greater and greater prominence all the time. In the light of the American tendency to get feverishly worked up about an evil of some kind, subsequently found to be not nearly so serious as was at first believed, is it not probable that, once we begin to acquire some real knowledge on the subject, we shall find that the narcotic evil in the United States is not nearly as evil as it is supposed to be?

There is no question that the traffic in drugs should be suppressed firmly, with every device that intelligent and incorruptible officials can employ. But meanwhile, what shall we do with the users? It does not seem sensible nor fair to the taxpayers to clap them into jail over and over and over again. Certainly it is not effective. Nor is it helpful for policemen to give young boy and girl addicts treatment by beating them up, as reported by the Wickersham Committee. Why should the State give, as often as demanded, "cures" to those who actually don't want to be cured, and who, practically all of them, are incurable? If private charities supported by voluntary contributions wish to undertake this, well and good, but should it be compulsory for the taxpayers to foot the bills? If so, special institutions should be set aside for drug addicts, so that they cannot make addicts of other prisoners. Perhaps, since proselyting seems to be a characteristic of the drug user, and nobody wants to see the spread of the habit except the addict himself, it would be best to send every user to some isolated island, inhabited only by his own kind.

Only a minor number of the drug addicts who come to prison are criminal in the ordinary sense. Far from being stars in the underworld, they are usually very small potatoes. And far from being physical wrecks, they live long—entirely *too* long, some think who have to handle them!